

1.   ☐ Mr.  
      ☐ Mrs.  
      ☐ Ms.

---

FIRST                      MIDDLE                      LAST

Note: A letter from the Executive Director of the identified organization/association designating you as being able to speak on its behalf must accompany your application in order to be considered for the workgroup.

State of California - Health and Human Services Agency  
CALIFORNIA OLMSTEAD ADVISORY COMMITTEE APPLICATION

1. What relevant skills and experience can you bring to the Advisory Workgroup?  
(Limit your response to space provided.)

State of California - Health and Human Services Agency  
CALIFORNIA OLMSTEAD ADVISORY COMMITTEE APPLICATION

2. Briefly describe what you hope to contribute as a result of participating on the Olmstead Advisory Workgroup (Limit your response to space provided.)

---

SIGNATURE

DATE

Signature of a personal assistant is acceptable.

Please address your mailed or faxed application to: Attention Eileen  
Kostanecki/Sarah Steenhausen

Fax: (916) 654-3343

Mail: 1600 9<sup>th</sup> Street, Room 460, Sacramento, CA 95814